MAINE REVENUE SERVICES ELECTRONIC FUNDS TRANSFER APPLICATION

EFT Unit, Maine Revenue Services, 24 State House Station, Augusta, ME 04333-0024
Tel. (207) 287-8276 Fax (207) 287-6975 E-mail: efunds.transfer@state.me.us

Visit Maine Revenue Services at http://www.state.me.us/revenue

1.	INDICATE APPLICATION TYPE:	ACH CREDIT				
		ACH DEBIT (TELEPHONE PAYMEN	NT METHOD)		
2.	Legal Name(s)					
	Business Trade Name					
	Employer's Identification Number		Contact Pers	son's Name	-	
	Social Security Number *		Contact Pho	ne Number		
	Mailing Address		Business Fa			
			E-Mail Addre	ess		
	* Only sole proprietors and individuals sho	uld provide a social security	number.			
3.	Financial Institution Name			<u>-</u>		
	Address			-		
	Telephone Number					
4a.	ACH DEBIT APPLICANTS ONLY:					
	Type of Account: Checking S	avings Bank Rout	ing Number (RTN)		Account Number	
	You must provide a voided check or a letter	from your bank certifying its	RTN and your account nu	ımber.		
	CREDIT UNION CUSTOMERS PLEASE HAVE YOUR CREDIT UNION VALIDATE THE CORRECT BANK ACCOUNT NUMBER TO USE					
	FOR ACH (AUTOMATED CLEARING HOUSE) PURPOSES.					
	Are you a service bureau, tax preparer, or business that remits taxes on behalf of other companies?					
	If you checked "Yes", and funds will be withdrawn from your bank account rather than your client's bank account, you are not					
	eligible for the debit payment system, you must use the ACH credit method (see below).					
	ACH debit instructions will be provided by the	ne Electronic Funds Transfe	r Unit.			
4b.	ACH CREDIT APPLICANTS ONLY:					
	Are you a service bureau, a tax preparer, a third party withholder, or do you remit taxes for other companies?					
	If you checked "Yes", because you remit taxes for others to Maine Revenue Services, you only need to fill out one EFT application.					
	Persons applying for ACH credit must be capable of initiating ACH credits in the required CCD+ and TXP formats.					
	ACH credit instructions will be provided by t	he Electronic Funds Transfe	r Unit.			
5.	Electronic Funds Transfers are requested for the following:					
	Tax Payment Type	Tax Account	ID Number		Office Use Only	
					-	
		<u> </u>				
	Attach a separate sheet if additional space is needed.					
6.	I certify that the information contained on this application is true, correct and complete to the best of my knowledge and belief.					
٥.	If I have completed the ACH debit block, 4a above, I authorize Maine Revenue Services to present debit entries to the bank					
	account stated above upon the express authorization of this taxpayer for payments made to Maine Revenue Services.					
	This application must be signed by an owner, partner or officer.					
	Signature	Title		Date	Phone	
	Please print or type your name					

TTY Service (207) 287-4477 Form EFT 11/2001